Paracetamol (APAP) - Acute Single Ingestion of Immediate-Release Preparation



This guideline covers the management of immediate-release paracetamol (APAP) taken in overdose in a single ingestion (over <120 minutes)

Risk of acute liver injury if
>200 mg/kg OR >10 g ingested

TIME DOST

Clinical features:

Risk Assessment

- Usually asymptomatic
- Abdominal pain, vomiting
- Late toxicity liver failure,
 coagulopathy, encephalopathy

Antidote:

N-acetylcysteine (NAC)

- Glutathione donor

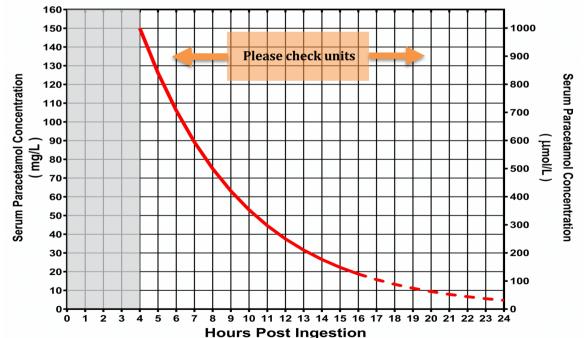
Dosing: see NAC guideline

Massive APAP Exposures

-double the dose of NAC in the second NAC infusion if the APAP concentration is > 2x the nomogram Reported dose APAP > 50g:

- discuss with toxicologist

INGESTION	MANAGEMENT: [APAP]= paracetamol concentration AC = activated charcoal	
0-2 hours	 Co-operative patients: AC if > 200 mg/kg or 10 g (whichever is less) has been ingested within a 120-minute period OR 30 g has been ingested within a 4-hour period Plot [APAP] at 4 hours post ingestion. If [APAP] above treatment line, treat with 20-hour NAC course (see NAC guideline) 	
2-4 hours	- Plot [APAP] at 4 hours post ingestion. If [APAP] above treatment line, treat with 20-hour NAC course (see NAC guideline)	
4-8 hours	- If [APAP] WILL NOT BE available <8 hours of ingestion, start NAC (if ingested dose >200mg/kg or >10 g, or unknown) - Discontinue NAC if [APAP] below treatment line, otherwise complete 20-hour NAC course (see NAC guideline) - If [APAP] IS AVAILABLE WITHIN 8 hours, and is above treatment line: treat with 20-hour NAC course (see NAC guideline)	
8-24 hours	- Start NAC and obtain [APAP]. Continue 20-hour NAC course if [APAP] above treatment line or ALT > 50 IU/L	
> 24 hours	- Start NAC and obtain [APAP] and ALT. Continue 20-hour NAC course if [APAP] detectable or ALT > 50 IU/L	



2-HOURS PRIOR TO COMPLETION OF 20-HOUR NAC COURSE:

- Measure ALT
- Measure APAP concentration if
 reported APAP ingestion > 30g OR if
 initial APAP conc. > 2x nomogram line
- If ALT is abnormal OR if APAP conc.
 is > 10 mg/L (>66 umol/L) continue
 NAC (see Extended NAC Treatment
 Guideline) + check INR and discuss with
 a clinical toxicologist

AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE

POISONS INFORMATION CENTRE: 13 11 26

Version 5: Published 8/2022. Review 8/2025